Attorney Docket No. 01819232

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Group Art Unit:1642			
Girish V. Shah) Examiner: A. Holleran			
Filed: February 17, 1999	CERTIFICATE OF MAILING BY "EXPRESS MAIL" "Express Mail" mailing label number EL 329105102 US Date of deposit: February 25,2002			
Serial No.: 09/251,133) I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date			
For: NEUROENDOCRINE MARKER PROSTATE CANCER AND METHOD) indicated above and is addressed to Box Issue Fee, Assistant Commissioner For Patents, Washington, D.C. 2023 I			
FOR USING SAME) Timothy M. Hubalik (typed or printed name of person mailing paper or fee) (signature of person mailing paper or fee)			
<u>TRANS</u>	MITTAL LETTER RCH CENTER 1800/200			
Assistant Commissioner For Patents Washington, D.C. 20231	CENTER 18002			
Sir:				
Enclosed herewith are the following				

TRANSMITTAL LETTER

Sir:

- 1. Amendment with copy of article entitled "Evaluation and Clinical Value of Neuroendocrine Differentiation in Human Prostatic Tumors" and copy of U.S. Patent No. 6,251,613 B1;
- Petition for Extension of Time; 2.
- Fee Transmittal Form: 3.
- Check for \$557.00 for 2 month Extension of time and 4. for filing extra claims; and
- a Return Postcard. 5.

Respectfully submitted,

coustie or Reton

Christine M. Rebman Reg. No. P50,546

Mayer, Brown, Rowe & Maw PO Box 2828 Chicago, Illinois 60690-2828 (312)782-0600

Date: February 25, 2002

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PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PACENTAPPLICATION FEE DETERMINATION RECORD 09/251,133 uCLAIMS AS FILED - PART I OTHER THAN FEB 2 5 2002 **SMALL ENTITY SMALL ENTITY** (Column 2) (Column 1) FOR NUMBER FILED **NUMBER EXTRA RATE FEE** RATE **BASIC FEE** \$ OR (37 CFR 1.16(a)) TOTALCLAIMS minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL **TOTAL** OR • If the difference in column 1 is less then zero, enter "0" in column 2 **OTHER THAN** CLAIMS AS AMENDED - PARTII **SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** REMAINING **PRESENT** NUMBER **RATE** TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** AMENDMENT **PAID FOR** = 7 Total Minus 20 (37 CFR 1.16(c)) Independent Minus 42 (37 CFR 1.16(b)) 10 0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR **TOTAL** TOTAL OR 357 ADDIT. FEE (column 1) (Column 2) (Column 3) ADDIT. FEE **CLAIMS HIGHEST** ADDI-ADDI-REMAINING **NUMBER PRESENT RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR Total (37 CFR 1.16(c)) Minus OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR **TOTAL** TOTAL OR ADDIT. FEE ADDIT, FEE (column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER EXTRA PREVIOUSLY FEE** FEE AMENDMENT **PAID FOR** OR Total Minus (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT, FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.







IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of:)		CERTIFICATE OF MAILING BY "EXPRESS MAIL"
	Girish V. Shah)	Examiner:	"Express Mail" mailing label number EL 329105102 US Date of Deposit: February 25, 2002 I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated above and is
Serial No.:	09/251,133)	A. Holleran	
Filed:	February 17, 1999)	Group Art Unit: 1642	
For:	NEUROENDOCRINE MARKER OF PROSTATE CANCER AND METHOD FOR USING SAME)		Tim Hubalik (typed or printed name of person mailing paper or fee) (signature of person mailing paper or fee)

<u>AMENDMENT</u>

Assistant Commissioner of Patents Washington, D. C. 20231

Dear Sir:

This Amendment is submitted in response to the Office Action dated October 2, 2001.

Applicant hereby petitions for a two-month extension of time to respond to the Office Action of October 2, 2001. Enclosed is a check in the amount of \$557.00 (\$200.00 for said extension and \$357.00 for extra filed claims). Applicant is entitled to small entity status. If there are any additional fees due in connection with the filing of this petition, please charge these additional fees (or credit any overpayment) associated with this communication to our Deposit Account No. 13-0019.

It is respectfully requested that entry of the following Response and Amendment will place the claims in order for Allowance.

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